

Meaning well while doing harm: compulsory genital examinations in Swedish African girls

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Abstract: *In this article, I discuss compulsory genital examinations in Swedish African, mainly Somali, girls. The discussion is based on data from 122 police files, including criminal investigations regarding suspected “female genital mutilation” (FGM). A growing body of research in European countries indicates that processes of cultural change are occurring among immigrant communities from areas where traditionally girls are subjected to what is construed as “circumcision”. Many studies show growing opposition to these practices among people who have migrated to Europe, and there is little evidence to support the assertion that large-scale illegal activities are prevalent. Yet there is a dominant discourse stating that FGM is secretly practised on a large scale among some immigrant groups in Europe, and policies encourage the detection of cases to charge in criminal court. I describe the current situation in Sweden and highlight some of the drawbacks of a very harsh, although well-intended, policy to check for FGM in Europe. While the ultimate aim is to protect girls at risk for FGM, current policies have ramifications that are invasive and sometimes even traumatising for the girls involved. This paper offers an empirical example of how politics in western multicultural societies may negatively influence the sexual health and rights of a target group, in this case, girls and young women whose families originate from countries where circumcision of girls is practiced. DOI: 10.1080/26410397.2019.1586817*

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What is generally called “female genital mutilation” (FGM), and among people in local settings in many countries construed as “circumcision of girls”, has been criminalised in Europe for decades, either through specific legislation or indictable through a more general ban on mutilation in penal codes.^{1,2} In a commentary in *Reproductive Health Matters* in 2015, Marge Berer raised the question that “criminalisation may not be the best means of stopping FGM, but can have serious harmful effects itself”,³ and called for preventive work prioritising reproductive and sexual health before repressive measures. In this article, I analyse data from Sweden in order to shed light on this matter. I intend to show that anti-FGM politics can have a direct negative impact on individual girls and women. The discussion is based on an archive of all Swedish police documents regarding suspected FGM and other documentation of relevance, such as

court files. The discussion will end with the conclusion that there are indeed some drawbacks of a very harsh policy to check for FGM in Europe. Even though the intention is to protect girls, the policy as it plays out results in harmful effects regarding many girls’ and young women’s well-being, for example, in the form of traumatic experiences of police interviews and compulsory genital examinations, and impaired bodily self-image.

I will use the term “circumcision (of girls)” when I refer to the practice among the communities, since this is the best translation of most terms used locally where these practices exist, and FGM (“female genital mutilation”) when referring to legislation and policy frameworks, as this is the established term in political, legal, and activist contexts. Employing both terms also serves to remind us that the phenomenon of girls being genitally cut for non-medical reasons is being construed

differently among those who practise it and those who strive to end these traditions.

Circumcision of girls residing in Europe

In media renderings of FGM in Europe, risk figures often build on the assumption that every European girl descending from people who were born in a country where circumcision of girls is practiced, is at risk of being subjected to FGM [see ^{4,5}]. The European Institute of Gender Equality (EIGE), a formal body within the European Union, has for many years worked with ways to estimate FGM-risk figures. In their step-by-step instructions on how to estimate the number of at-risk girls in European host countries, they insist on the inclusion of “the migration and acculturation impact factor” in calculations.⁶ They suggest a continuum of hypothetical scenarios ranging from a “high-FGM-risk scenario” (the premise being that migration has not influenced attitudes to FGM at all, and hence all second-generation girls are at risk) to a “low-FGM-risk scenario” (the premise being that the risk for second-generation girls is zero).

A growing number of studies show that migration seems to be a key factor for change when it comes to attitudes and practices regarding circumcision of girls among Africans in Europe.^{7–16} Some 200,000 people who were born in Africa live in Sweden. The biggest community is the Somali – persons born in Somalia amount to more than 66,000.¹⁷ The so-called second generation is not included in these figures. Beside Somalia, the larger groups originating from countries practising circumcision of girls are from Ethiopia and Eritrea. Most Swedish Eritreans and Ethiopians have been well integrated in the society for decades, and they talk about “female genital mutilation” as a brutal practice and express the same kind of concerns about Swedish Somali girls as do other Swedes.⁸ Furthermore, we have seen a fundamental relief among Swedish Somalis at the possibility of escaping a painful tradition while still standing out as religious and morally decent people.⁷ In their new country, Somalis encounter Arab Muslims who do not circumcise girls, and a former conviction that Islam requires circumcision is transformed into a belief that most if not all forms of circumcision of girls are *haram* [forbidden by religion]. Recent quantitative studies among Swedish Somalis confirm this change,^{9,10} and similar results have been found in qualitative and quantitative studies among Norwegian

Somalis.^{11,12} Large-scale attitude changes are reported from Germany among a broader spectrum of communities¹³ and Switzerland.¹⁴ In the UK also, there are indications that there is broad opposition to circumcision of girls among people from practicing countries.^{15,16}

That cultural change might be happening on a large scale in Europe is supported by findings in a study commissioned by the European Commission. An analysis of FGM court cases in Europe showed that fewer than 50 cases of suspected illegal FGM have reached criminal courts, and out of those 50, more than 30 took place in France in the 1980s. Almost all other FGM court cases in a broad range of European countries concerned cases in which European African girls had been subjected to FGM during stays in African countries.^{18,19}

Legislative framework in Sweden

In 1982, Sweden was the first Western country to introduce specific legislation banning FGM. The law is now called *Act (1982:316) Prohibiting Female Genital Mutilation* and outlaws any procedure which leads to permanent changes in the female external genitalia, and it is applicable regardless of age and consent. Furthermore, cases can be taken to court in Sweden as long as both offender and victim are in some way connected to the country, even though the act itself was performed in a country where FGM is lawful. Reports reach the police from citizens, and from professional groups such as teachers, healthcare providers and social workers.

The *Social Services Act (2001:453)* urges all citizens to report suspicions or knowledge about maltreatment of children to the social authorities. Some professional groups, such as healthcare providers and the police, are mandatory reporters. Suspected FGM cases are often reported according to this law, and are then referred from social authorities to the police and prosecutor.

The *Care of Young Persons (Special Provisions) Act (1990:52)* enables social authorities to take a young girl into state custody if there is a reason to suspect that she will be subjected to FGM. The *Act Regarding Special Representative of a Child (1997:997)* makes it possible to make decisions, for example, that a genital examination should be performed, without the consent or information of the child’s legal guardians. A “special representative of a child” (SRC) appointed by the court, often a lawyer,

makes decisions in place of the child's parents or legal guardian.

Finally, there are two laws that can be said to balance the other laws used to check for FGM in Sweden. First, the *Administrative Procedure Act* (2017:900) states that action taken by an authority must never exceed what the situation requires, and should be enacted only if the expected result is proportionate to the inconvenience or harm caused to the involved person. Second is the *Discrimination Act* (2008:567) under which discrimination under the law has taken place when ethnic background becomes a contributory cause for the receipt of specific treatment.

Method

Data collection

This article is primarily based on an archive of 122 police files. I was granted access to these confidential documents under an obligation to observe secrecy, according to what is stated in the *Public Access to Information and Secrecy Act* (Ch. 10, §14): if the authority considers that there is a risk of injury or detriment if a classified document is handed out, a specific provision limits the receiving person's handling of the document. In this specific case, the police files (all in Swedish, photocopies, sent by mail) were handed over to me in my capacity as a researcher at a university. As a researcher, I am bound by professional ethics rules and I have handled the documents with utmost care and in accordance with the provisions stated by the police authorities: I store the files in a locked cabinet to which no other person has access. I mainly report the data at an aggregate level, and when I refer to specific cases, I make sure to omit any details that can lead to the identification of involved persons.*

These documents have been requested from the police recurrently since 2003 when I first requested files in the context of a five-country EC Daphne

project funded by the European Commission.^{1,21} I got access to the first police reports and criminal investigations as a result of a formal letter to the police from the Principal Investigator (PI) of the EC Daphne project, in which the research aims of the wider project were described. In 2005, the National Board of Health and Welfare, the National Police Board, and the National Prosecution Authority based their guidelines for the police and prosecutors²² on existing general guidelines from the National Board of Health and Welfare, my then published research,²¹ and interviews with me about my conclusions after the first round of analysis of, at that point in time, 17 cases. Since then, files have been requested continually. I am confident that I hold records of practically all criminal investigations on FGM since the launching of the Swedish law banning FGM in 1982. I base this conclusion on the fact that there have been two repeated steps in the data collection since 2003: first, the identification of specific cases through systematic searches in registers and databases by registration officers at the police authorities; second, the request in formal letters of the files according to the list of registration numbers. There is no way I can know for certain whether parts of a file for some reason were withheld, but in only one instance was I denied a certain file. In the last letter from the legal office of the National Police Board (Feb 2018), they grant me access to 35 criminal investigations while withholding one; this with reference to a legal paragraph stating that classified documents cannot be handed out, not even with a special provision, if there is a risk that an ongoing investigation might be jeopardised. In other instances, I have been sent criminal investigations despite the fact that they were ongoing. In general, my impression after 15 years of contacts with the Swedish police is that they see the advantages of research in this area. During the same period, I have given lectures about FGM twice a year in national further education for police officers who investigate family crimes.

When this study started in 2003, there was no praxis of having social science studies vetted in ethics review boards. It was later approved by the Ethics Review Board, EPN Lund, with the registration number 2013/678. The study has been funded for periods by grants from the EC Daphne programmes, and for other periods through research opportunities with Malmö University.

*There is one exception to this. In 2008, I published a Swedish-language book about the first FGM court case in Sweden: *Ali och den svenska rättvisan* [Ali and the Swedish justice²⁰; see also²³]. With the convicted man's consent and support, I used his real name, which was well-known after media reports. All the other persons in the book were given fictive names. Before the manuscript was published, I sent it to the legal office of the university in order to make certain that no ethical or legal norms were violated.

Analysis of police files about suspected FGM

Through the years, I have coded the incoming files in a multi-page spreadsheet, which I keep in the locked cabinet. The codes used are *City*, *Year*, *Nationality* and *Age* of the girl or woman, *Status of the case* (closed, open, taken to court), *Origin* (who reported the suspicion: the social authorities, a teacher, a healthcare professional, an ordinary citizen? etc), *Genital examination* (or not; with comments about SRC, parental consent, etc), *Examining professionals* (paediatrician, gynaecologist, forensic medical expert? etc), *Formal forensic affidavit* (or not). There has been an open column for notes about circumstances or facts of specific interest. Furthermore, all the documents have been coded in categories according to formal police decisions (such as “There is no longer reason to assume that a crime has been committed”) and in a final assessment system: (A) No FGM performed. (B) Not categorised as a crime by authorities. (C) No possibility to decide whether FGM has been performed. (D) No possibility to decide whether FGM was performed in an illegal manner; FGM performed but before migration to Sweden. (E) Rumours, no identifiable suspect or victim. (F) No way to prove that a person who is connected to Sweden has performed a crime. (G) Concerns about future possible FGM and (H) Conviction in court.

During analysis, conclusions and discussion have been informed by my research in Sweden regarding the circumcision of girls during two decades. I have been involved in both qualitative and quantitative studies.^{1,7–10,20,21} Furthermore, I gained some insights into these issues when I, as appointed PI, conducted an 11-country study at the request of the Directorate-General for Justice of the European Commission in 2014. In this study, FGM court cases and related data were collected from countries all over Europe.^{18,19}

For the sake of this particular discussion, I have sorted the police files in my archive according to whether a genital examination was performed during investigation or not (see [Figure 1](#) for a flowchart).

The data sorted by whether or not there was a genital examination

While four cases are still open investigations and therefore excluded in this overview, there were 20 reports to the police (category II) which never

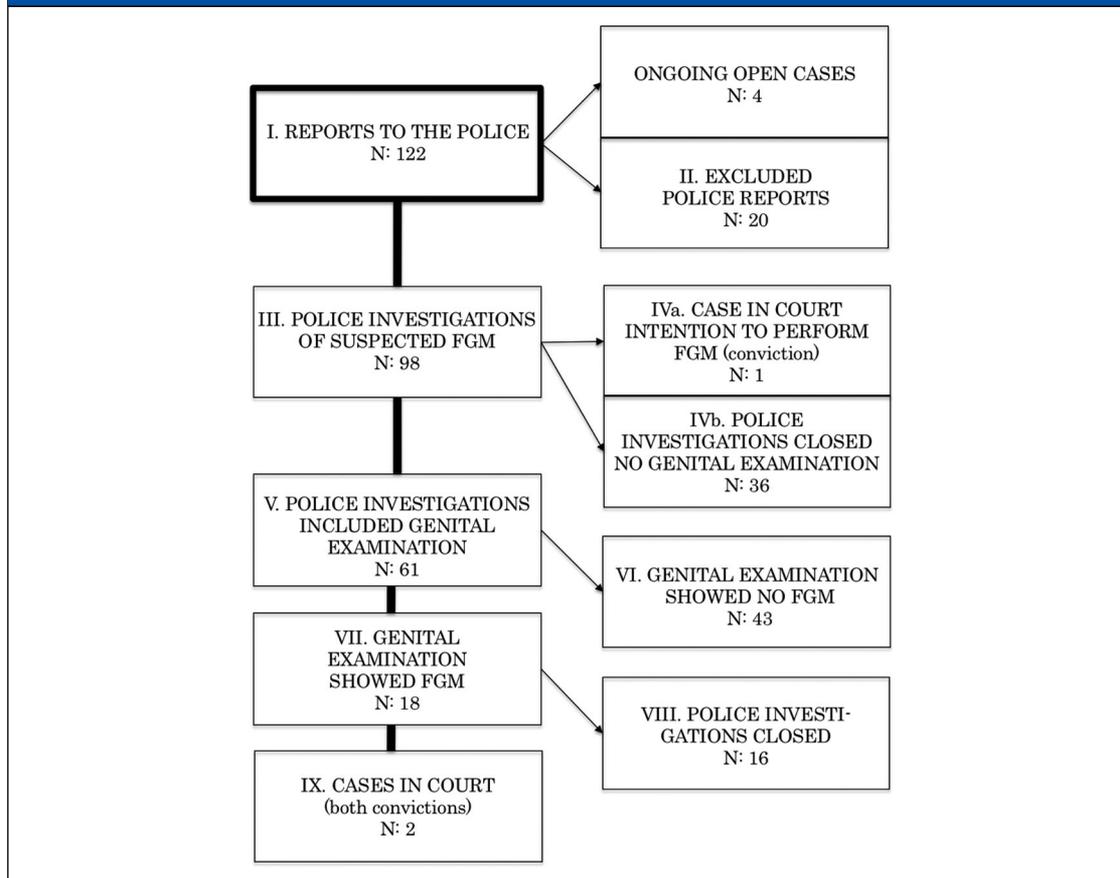
led to the opening of criminal investigations. Three of the cases turned out to be about boys who had gone through circumcision (which is not criminalised), three cases were reports about private surgical clinics that perform cosmetic genital surgery in women (the wording of the FGM law technically covers such procedures also[†]), and one case concerned a middle-aged Swedish woman who claimed that someone had performed FGM on her, assumedly with laser since her gynaecologist could not find anything wrong (the written report does not comment on her mental health, but no investigation was opened). The rest of the documents concern rumours or vague suspicions with no identifiable victim or offender.

Category III: Formal criminal investigations were opened in 98 cases. In one of them (IVa), a man from Nigeria was convicted and received a prison sentence in 2018 for having stated his intention to have his daughters circumcised in Nigeria in the future. Thirty-six investigations were closed without a genital examination of the girl (category IVb). Among them, some 10 cases concerned rather vague suspicions about future possible FGM. It may suffice that a teacher gets to know that a girl will go on a trip to Africa, and that he or she feels the duty to report their concern that the trip may involve FGM. In five other cases, the allegation about possible future FGM originated during disputes between spouses, and the investigations were closed due to conflicting statements and no evidence of a committed or pending crime. Further, in five cases, the investigation ended in the conclusion that FGM had been performed prior to migration to Sweden. In the rest of the cases, the level of suspicion was regarded as so low that the investigations were closed.

Category V consists of 61 criminal investigations during which genital examinations of the girls were performed. In 43 of these cases (category VI), it turned out that experts could not find any signs of FGM. These investigations were hence closed, and parents or custodians that might have been detained during investigation were released. In 18 of these cases, the genital examination showed

[†]The Swedish Board of Health and Welfare has declared that cosmetic genital surgery in women (that is, from the majority population) does not fall within the jurisdiction of the anti-FGM Act. This double standard is prevalent in several western countries and has been critically discussed by many scholars.^{24–28}

Figure 1 The 122 police files sorted according to whether or not genital examination took place



FGM (VII). Yet, in 16 cases, the investigations were closed and the cases were not taken to court (VIII). In nine of these cases, the investigators concluded that FGM had been performed prior to migration. In five cases, it remains unclear why the investigations were closed. Formal reasons given for closure include “There is no evidence of crime” and “There is no longer reason to assume that a crime has been committed”.

In one case, there was evidence that a Swedish Somali girl had been subjected to FGM in Somalia, and her father was detained for three weeks in 2008. Eventually, it could not be proven that her father – who had been in Sweden at the time of the FGM procedure in Somalia – had anything to do with his relatives’ decision to have his daughter circumcised, and the case was never taken to court.

Finally, category IX consists of the two cases taken to court, both in 2006 and both in Göteborg, Sweden’s second largest city. In the first case, a 16-year-old girl told her school counsellor that she had been physically abused by her mother for several years and that she had been subjected to FGM when she was 11, during a trip to her mother’s home country, Somalia, in 2001. Her mother had repeatedly checked her genitalia, trying to find out if she had had sexual intercourse. Now the girl feared for her life because her mother had tried to hit her with a frying pan while she was asleep. Certificates from experts in forensic medicine supported FGM (type II) and physical abuse. The mother, aged 43, was charged with FGM and serious violation of bodily integrity and sentenced to three years in prison.

In the second case, a 14-year-old girl born in Sweden of parents from Somalia, turned to the Swedish embassy in Addis Ababa. She had been living with her father and brother in Mogadishu since she was ten years old but had now run away from home. When asked at the embassy if she had been circumcised, she said “yes”, and a subsequent genital examination confirmed type II. The allegation that FGM had been performed recently and that her father had been present during the procedure was raised while she had a conflict with him, and he and his ex-wife had a dispute over custody. Despite the fact that the criminal investigation was full of contradictions and changed statements from the girl during police interviews, her father was sentenced to two years in prison.^{20,23}

The willingness to detect FGM cases

The first case of suspected FGM in Sweden, in 1996, was one that would lead to changes in societal responses to suspected FGM. A home-language teacher found a Swedish Somali six-year-old pupil to be “taciturn” and secretive after a trip to Stockholm, and he reported his FGM suspicions to the school counsellor. The report was passed on to the social authorities, who reported the suspicion to the police. The parents agreed to a genital examination and the two specialists in gynaecology found that “both *labia minora* are missing”. The parents turned to a paediatrician in private practice who found the girl’s genitalia to be normal. The prosecutor now accused the parents of having taken another girl to the second examination. The existing medical certificate was not enough to take the case to court, so the prosecutor demanded an additional examination with a more specific opinion on whether or not FGM had been performed. The parents went public and they too demanded yet another examination because they wanted to be cleared of suspicion. The physicians denied examination since they claimed they could not be sure of the girl’s identity. Years had passed before this additional examination could take place, and then the statute of limitation had run out.

This case led to novel approaches in tackling the assumed problem of FGM in Sweden: after this, strict ID procedures were introduced to ensure that the “right” girl was taken to examination. Furthermore, a new law was introduced in 1997: the one that enabled the prosecutor

and police to take any girl to genital examination without her parents’ consent or even knowledge, through the appointment of an SRC. In a majority of the 61 cases in category V, an SRC made the decision about genital examination, against the will of the parents or, more often, without their knowing that it would be performed or even that an FGM investigation involving them had been opened. Furthermore, the statute of limitation for FGM has been extended; it is now 10–15 years and does not start running until the girl has turned 18.

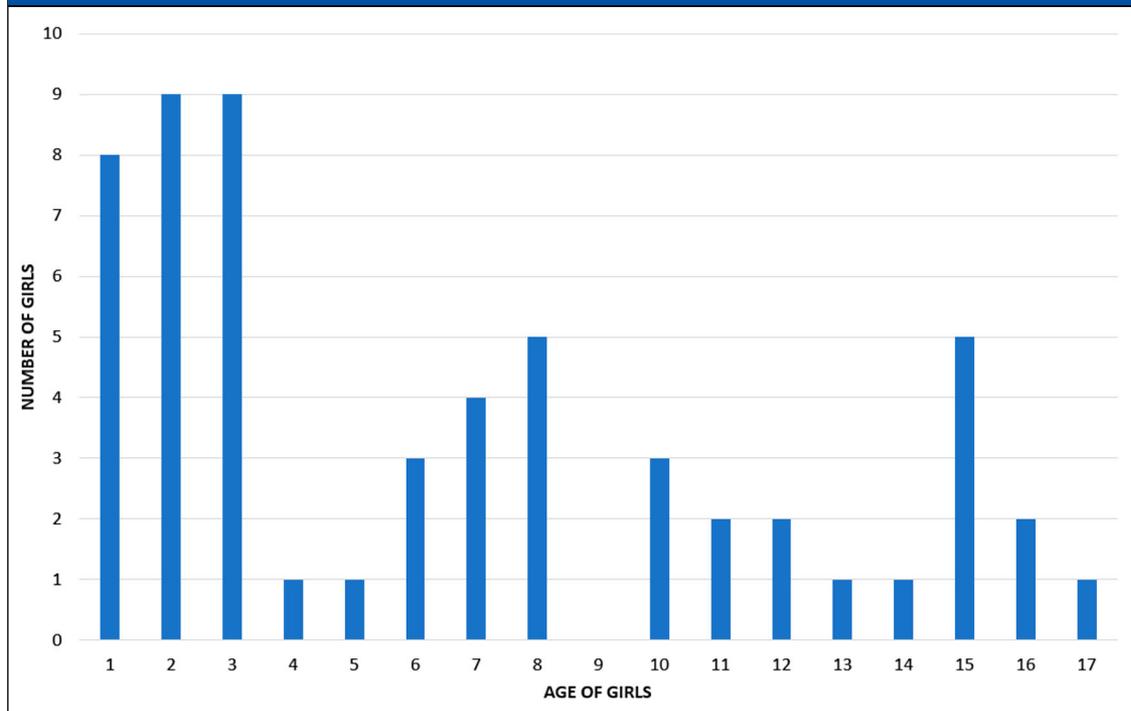
Some activists allege that the scarce number of actual FGM cases in Europe is due to cultural relativist attitudes among professionals or that they are afraid of being accused of racism if they give attention to what is going on within certain ethnic groups, and thus they do not disclose knowledge about possible FGM cases.^{29–31} In light of existing documentation, this assumption stands out as unfounded, at least for Sweden. This study indicates that all sectors in Swedish society are alert and keen on identifying FGM cases in order to have them brought to court. Reports reach the police from all sectors and are being handled with serious intentions to establish whether or not a crime has been committed. It is unlikely that there would be a huge number of unrecorded cases that never reach the authorities – if the number of unrecorded cases was as high as often stated, the child protection and forensic systems would “hit a target” more often.

The genital examinations

In 61 cases, genital examination was performed as part of the criminal investigation (category V). An overwhelming majority of the girls were from families with origins in Somalia. Documentation about the age of the girl is missing in seven cases. The number of girls undergoing a genital examination (64 girls) is higher than the number of cases, and this has to do with the fact that a certain girl’s sister(s) were sometimes taken in for genital examination as well. [Figure 2](#)

In a few cases, the girls’ genitalia were indeed abnormal: there were three cases of labial adhesions (a not uncommon condition among prepubertal girls). In five cases, the girl was genitally examined more than once because the first examination was inconclusive. In a few other cases, a second opinion was obtained by having experts

Figure 2 Age of the girls at genital examination



look at photographs and film clips from the original examination. It was not unusual that the first examination led to the conclusion that FGM had been performed, while the second opinion round ended with the conclusion that the genitalia was perfectly normal (see also Berer).³ In some cases, the uncertainty was openly stated. Here a group of experts seems to feel pressured to reach a conclusion:

“We found a girl with normal external genitalia, with normal labia, and an intact clitoris. After that, we have been asked to give forensic statements in response to specific questions. We cannot establish whether R. has been subjected to only scratching or scraping and no cutting and, if that would be the case, when that might have happened. Thus, we cannot establish that it has happened or that it has not happened.” (my translation from Swedish)

Future studies are needed to sort out the implications of the fact that forensic genital examinations often are inconclusive. Possibly, some instances of mild forms of FGM might go undetected at examination while, concurrently, there

is a risk that innocent people are sentenced for acts they have not committed.[‡]

In more than half the cases, the documentation clearly states that an SRC made the decision that the girl child should be collected for genital examination, and in an additional ten cases it seems likely that the decision was made by an SRC. Ten of the above children were in state custody when the examination took place. In 6 cases out of 61, documentation shows that a parent had given

[‡]In a court case in Denmark in 2017, two Somali parents were sentenced to prison for alleged FGM of two daughters in Somalia in 2015, and they are currently serving their sentences in prison after convictions in district court and court of appeal. During the time of the court proceedings, the defence presented a second opinion statement from a gynaecologist who had examined the girls and concluded that there was no trace of FGM. This medical report was dismissed as evidence. Both daughters and their parents insist that the girls were never circumcised. Since an international FGM expert (gynaecologist) has examined all the daughters in the family without finding any signs of FGM, there are now attempts made by the defence to open new legal proceedings.^{37,38}

consent and in most of these cases he or she was present during the examination.

If there is a typical case, it is one that starts with diaper changing observations among nursery-school staff. They “see” that genital parts are missing (“the whole clitoris has been cut off”) and report to the social authorities, who in turn report to the police. In practically all these cases an SRC was appointed who made the decision about genital examination. None of these forensic genital examinations resulted in the experts’ finding signs of FGM. In one of these cases, a Norwegian specialist in paediatrics was asked to give a second opinion based on scrutiny of visual material. He found the girl’s genitalia normal and commented: “Countless times, in my experience, pre-school staff have demonstrated that they lack knowledge about anatomy despite the fact that they change diapers on a daily basis.” Thus it seems that also in Norway, the typical case of suspected FGM is one that starts with observations among staff in pre-school institutions.

Reports from the genital examinations are often strict, formalised, and focused on forensic findings. However, occasionally other aspects are described as well. In the first case from 1996, a 6-year-old girl is examined and the physician states that the girl seems to experience the examination as “offensive and embarrassing”. In a later case with a 14-year-old girl, the doctor reports that the girl is “embarrassed and difficult to examine”. A 12-year-old girl is said to “protest against the examination but can be persuaded”. In a case of genital examination in which day-care staff had reported suspicions of FGM in a 3-year-old girl, the girl’s mother (who was not informed beforehand) later made a formal report to the police about defamation on the part of the day-care staff; and she claimed that after this incident her daughter started crying and turned away every time she saw her nursery-school teachers.

At least four of the cases of genital examination done to check for FGM have been reported to the governmental body the *Ombudsman against Ethnic Discrimination* (DO) by parents who felt offended and discriminated against. In one such case, DO chose to take the case to court. The case began in autumn 2005 when an SRC decided to have a genital examination performed on a girl aged 11. The girl in question, who did not know that her parents were suspected of having subjected her to FGM, was collected from school by the police. She did not want to go to the hospital and,

according to the complaint filed by the lawyer representing DO, she cried for hours and refused to go with the police to the hospital. After a phone conversation with her mother, she yielded. At Uppsala Academic Hospital she was subjected to a thorough genital examination, which showed that she had not undergone FGM. DO sued Uppsala City, stating that the authorities had acted against the Discrimination Act, and also Article 8 of the European Convention, stating the right to respect for one’s private and family life. According to the DO description of the case, the incident left the girl with deep emotional scars. Five years later, the court decided that Uppsala City had, in fact, violated the Discrimination Act – since the girl’s ethnic background was the main basis for action – and they sentenced Uppsala City to pay financial damages to the girl and her family. In addition, the lawyer who was the SRC received a formal warning from the Swedish Bar Association for not accompanying the girl during the genital examination that was enforced upon her.

In Linköping in 2010, a six-year-old girl was taken to a physician by her father after a bike accident. She had hurt her genitalia and the doctor provided her with care. The social authorities opened an investigation and the father accompanied his daughter to a forensic genital examination performed in order to rule out a possible FGM. The investigation concluded that no FGM had been performed. In the spring five years later, the now 11-year-old girl complained that a vaginal tissue flap had grown. Her father took her to the doctor, who scheduled a surgery in the autumn. During the summer, the girl visited Somalia with her family. At the surgery in August, a nurse anaesthetist present in the operation room learned about the trip to Somalia and started suspecting FGM, subsequently reporting her suspicion to the police. A criminal investigation was opened, both parents were detained and taken to interrogation, their children were taken into state custody, and the girl was subjected to a forensic medical examination. The forensic affidavit resulting from a genital examination with seven specialists present, which also included scrutiny of photos and film clips from the genital examination in 2010, ended in the conclusion that if clitoral tissue was missing, it was most likely because the paediatric surgeon removed it by mistake when he intended to take away only the tissue flap in 2015. Further, they concluded that “the outer genitalia had practically the same appearance at that point [in 2010]

compared with what they look like today. The outer labia were not very prominent also in 2010” and they found no sign of FGM.

We do not know how this girl experienced the forensic medical examination – but there is documentation of how she experienced the police interview. It started in an open atmosphere where the girl enthusiastically described her wonderful trip to Somalia (and no, “nothing painful happened” there). Later in the interview, there were numerous questions about her genitalia. She was repeatedly asked questions about her missing labia (for example, “the doctor says that you lack your outer labia – how it can be that you do not have any?”) and she was told that all women and girls have labia, but that hers are missing and that she must have noticed when they disappeared. The girl kept insisting that she did not know what she looked like down there but that nothing had happened to her that had caused her pain since the bike accident. After a long while of persistent questioning about missing genital parts, the girl finally broke down. There is an entire Police Memo describing how this girl no longer was willing to respond but just sat in silence, crying. One may assume that this girl’s view of herself and her own body had been irreversibly transformed.

Anti-FGM politics harming the girls that we intend to protect

Without claiming that the figures reported here are statistically significant in any way, there may be a point to be made from the fact that no illegal FGM case has been identified and led to prosecution as a result of compulsory genital examinations. The only two cases of illegal FGM that have reached court originated as the girls themselves turned to authorities and told their stories. Building trust – not prioritising punitive powers – seems to be the better way to handle girls’ and young women’s legal rights when it comes to FGM.

It is not a crime to be part of a family from Somalia or any other country where girls are being circumcised, and it is not illegal to travel to any of these countries. Yet our systems consistently react as if this were the case. In practice, some of today’s strategies in Europe to tackle FGM lead to ethnic and racial profiling, as pointed out by Berer.³

Guidelines to detect FGM and awareness-raising campaigns are built on the assumption that far

more girls are being subjected to FGM than what is arguably the case. The price to be paid for this situation, characterised by hyper-vigilance, is paid by the European African families, including the girls. Lien and Schultz describe cases from Norway in which individual girls and families have suffered as a result of FGM investigations.^{32,33} In the UK also, there are the reports of families being torn apart and girls being traumatised as a result of interventions to check for suspected FGM.^{34–36}

Every case of genital examination involves an individual girl child. Hopefully, most examinations are carried out in a kind and gentle manner and in a safe environment by professionals who show respect for the girl’s integrity every step of the way. Every such genital examination should not be expected to be experienced by the girl as a violation of her integrity or as a traumatic incident. Nonetheless, the data collected from the criminal investigations in Sweden show that there are numerous cases in which the young girl had reason to feel vulnerable and distressed, or cases where the girl had to go through several examinations, even at a time when her parents were detained and she understood little about why all this was happening.

A less harmful approach is possible

Are the harsh societal responses to tackle FGM proportionate to the problem? On the one hand, FGM is criminalised in all states in Europe, and it can be argued that in the long run, it is in the best interest of girl children that the states bring action against offenders. On the other hand, given that a growing body of research now indicates that large-scale cultural change is under way – or has already happened – among these immigrant communities, there is reason to question whether hasty and harsh responses from child protection and forensic systems are the best way to proceed when there is a report about a possible FGM case. An overview of my data renders a picture of a system that operates with the idea that illegal FGM is happening secretly on a large scale and that forceful handling is required in dealing with the situation. To illustrate this, here are police notes from a day when the police and the social authorities, backed up by the prosecutor, an SRC and forensic medical experts, took action against a suspected family in a coordinated large-scale operation: “The [police] stand-by duty group sends two men to provide resistance if the family responds with violence”,

and then the next note: “The parents were calm and said that they understood and that they would never subject their children to FGM”. Here is an obvious clash between imaginary scenarios and reality – and such clashes are characteristic of the data as a whole. Anti-FGM politics tends to build a specific understanding of what is going on in society when it comes to FGM, an understanding that condones certain actions from authorities that in other situations would be considered disproportionate, too intrusive or offensive, or outright harmful (see also Creighton et al).³⁶

A few dissenting voices stand out. There is the SRC who refused to let two Somali sisters go through genital examination after she had spent time talking to the girls. A social worker resigned from a case in protest when the police started planning for coercive measures toward a teenage-girl who refused to go through a genital examination. During a police interview, the social worker explained why: “Even her mum has tried to persuade her but [the girl] says ‘I’ll see a doctor when I need to see a doctor – not before that’. Had she been evasive, I would have asked for a private conversation, but she is strong and determined and knows what she wants”. She argued that coercion against such a girl would be “insane” and something she could not condone as a social worker. And there is the prosecutor who gave a written directive to the police investigators, and argued against taking the girl to genital examination without informing her parents:

“In my view, we do not take a risk if we talk to the parents. If a crime has been committed, we have proof via the girl. To examine such a young child in such an invasive way requires a high level of suspicion. Be gentle and listen carefully to the parents, who are newly arrived in Sweden – it may be experienced as a violation when the police ask questions about their child, and in this case, there may be a perfectly natural explanation to what the pre-school staff say they have observed.” (my translation from Swedish)

Strengths and limitations

The strength of this study is that the data are unique: to the best of my knowledge, no other academic study has been conducted with such extensive access to police documents on FGM. The inclusion of practically all existing police files strengthens the trustworthiness of the conclusions.

It is, however, a limitation that the number of files is low in relation to the fact that there are more than a hundred thousand residents in Sweden with origin in countries where girls are being circumcised. There is thus a possibility that the collected police data do not reflect well what is going on, in the form of secretive activities among immigrant groups. Nevertheless, an analysis of the accessed data may lay a foundation for a critical discussion about policies to tackle FGM in European countries and how current anti-FGM politics affects girls whose families are targets for interventions.

Conclusion

There is growing evidence that assumptions about large-scale illegal FGM activities in Europe lack substantiation. Nonetheless, societies respond with force against these imagined activities. The time has come for a thorough discussion about the ramifications of this harsh and simplistic response: families, primarily of African origin, are affected by the parents’ being subjected to police interrogations, detentions, and child protection interventions. But also, the girls assumed to be the victims are vulnerable. Some of these interventions – in a wider perspective executed in order to protect the girls – may negatively affect not only their self-esteem (including their views of their own body) but also their sense of trust in relation to the wider society. In some cases, state interventions can be utterly traumatic for the girls.

European societies need to find ways to respond to FGM that are less harmful to those the interventions intend to protect. Professionals handling suspected FGM cases need to realise that FGM is different from other forms of child abuse: if a crime has been committed, there is little risk of repeated crime. Only if the case regards a suspected pending FGM act is there reason to make prompt decisions. In other cases, there is room for deliberations and carefulness; an approach that promotes ethical decisions and considerations of whether the intended handling of the case is proportionate to the inconvenience or harm caused to the involved persons.

Today, passionate anti-FGM politics³⁹ governs societal responses to the perceived threat of illegal FGM activities in Europe, with little discussion about proportionality or ethics. Future research is needed to map out future directions for FGM

policies: given the specific organisational aims of the various authorities (the police, prosecutors, social authorities) and other societal sectors (such as the healthcare sector, the school and preschool sectors) – how can the legal rights of girls and women be safeguarded without unleashing disproportionate harm to those who become targeted in

investigations? Finally, more research is needed to establish whether the practices of circumcision of girls are abandoned after migration or upheld by communities in host societies. As long as the common idea is that there are large-scale illegal activities going on, we can expect authorities to respond in harsh ways.

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Résumé

Dans cet article, j’aborde les examens gynécologiques obligatoires chez les jeunes Africaines, en majorité somaliennes, suédoises. La discussion est fondée sur des données provenant de 122 dossiers de police, notamment des enquêtes pénales concernant des soupçons de « mutilation sexuelle féminine » (MSF). Une somme de recherches croissante dans les pays européens indique que des processus de changement culturel interviennent dans les communautés immigrantes venant de zones où les filles sont traditionnellement soumises à ce qui est considéré comme une « circoncision ». Beaucoup d’études montrent une

Resumen

En este artículo, discuto los exámenes genitales obligatorios practicados en niñas suecas africanas, principalmente somalíes. La discusión se basa en datos de 122 expedientes policiales, que incluyen investigaciones penales de casos de ‘mutilación genital femenina’ (MGF) sospechados. Un creciente número de estudios de investigación en países europeos indica que los procesos de cambio cultural están ocurriendo en comunidades de inmigrantes en zonas donde las niñas tradicionalmente son sometidas a lo que es considerado como ‘circuncisión’. Muchos estudios muestran creciente oposición a estas prácticas

opposition grandissante à ces pratiques chez les personnes qui ont migré en Europe et il ne semble guère établi que des activités illégales soient prévalentes à grande échelle. Pourtant, le discours dominant affirme que les MSF sont pratiquées secrètement à grande échelle dans certains groupes d'immigrants en Europe; et les politiques encouragent la détection des cas pour les présenter devant les cours pénales. Je décris la situation actuelle en Suède et souligne certains des inconvénients d'une politique très dure, même si elle est bien intentionnée, destinée à déceler les MSF en Europe. Si le but est en fin de compte de protéger les filles risquant des MSF, les politiques actuelles ont des ramifications qui sont invasives et parfois même traumatisantes pour les jeunes filles concernées. Cet article offre un exemple empirique de la manière dont les politiques dans les sociétés multiculturelles occidentales peuvent influencer négativement la santé et les droits sexuels d'un groupe cible, dans ce cas des filles et des femmes dont les familles sont originaires de pays où l'excision est pratiquée.

entre personas que han migrado a Europa, y hay poca evidencia que corrobore la afirmación de que las actividades ilegales en gran escala son prevalentes. Sin embargo, el discurso dominante afirma que la MGF es practicada en secreto en gran escala en algunos grupos de inmigrantes en Europa; y las políticas fomentan la detección de casos a enjuiciar en el juzgado penal. Describo la situación actual en Suecia y destaco algunas de las desventajas de una política muy estricta, aunque bien intencionada, para detectar casos de MGF en Europa. Aunque el objetivo final es proteger a las niñas en riesgo de MGF, las políticas vigentes tienen ramificaciones invasivas y a veces incluso traumatizantes para las niñas implicadas. Este artículo ofrece un ejemplo empírico de cómo la política en sociedades occidentales multiculturales podría influir de manera negativa en la salud y los derechos sexuales de un grupo objetivo, en este caso niñas y jóvenes cuyas familias provienen de países donde se practica la circuncisión de niñas.